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4 **310-F EMERGENCY MEDICAL SERVICES**

5 REVISION DATE: (~~XX/XX/XXXX~~), 10/1/2021, 11/17/2017, 7/3/2015,  
6 9/15/2014

7 REVIEW DATE: 3/5/2024, 10/19/2023

8 EFFECTIVE DATE: June 30, 2014

9 REFERENCES: A.A.C. R9-22-210.

10 **PURPOSE**

11 This policy sets forth guidance for the Division of Developmental Disabilities  
12 (Division) coverage of ~~covers~~ physical and behavioral health emergency  
13 medical services for Members who are eligible for ALTCS and  
14 Fee-For-Service (FFS)/DDD with the Tribal Health Program (THP).

15 ~~Emergency medical services are provided for the treatment of an~~  
16 ~~emergency medical condition. An emergency medical condition is a medical~~  
17 ~~condition, including labor and~~  
18 ~~delivery, which manifests itself by acute symptoms of sufficient~~  
19 ~~severity (including severe pain) such that a prudent layperson~~  
20 ~~who possesses an average knowledge of health and medicine~~  
21 ~~could reasonably expect the absence of immediate attention to~~  
22 ~~result in **any** of the following:~~  
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24 ~~A. Placement of the patient's health in serious jeopardy~~

25 ~~B. Serious impairment of bodily functions~~

26 ~~C. Serious dysfunction of any bodily organ or part.~~

27 **DEFINITIONS**

28 1. "Arizona Long Term Care System" or "ALTCS" means an AHCCCS  
29 program which delivers long-term, acute, behavioral health and

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32 Case Management services as authorized by A.R.S. § 36-2931.

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34 2. "Calendar Day" means everyday of the week including  
35 weekends and holidays.

36 3. "Emergency Medical Condition" means an illness, injury,  
37 symptom or condition, including severe pain, that a reasonable  
38 person could expect that not getting medical attention right  
39 away would:

40 a. Put the person's health in danger;

41 b. Put a pregnant person's baby in danger;

42 c. Cause serious damage to bodily functions; or

43 d. Cause serious damage to any body organ or body part.

44 4. "Fee-For-Service" means a method of payment to an AHCCCS  
45 registered provider on an amount-per-service basis for services  
46 reimbursed directly by AHCCCS for Members not enrolled with a  
47 managed care Contractor.

48 5. "Member" means the same as "Client" as defined in A.R.S. §  
49 36-551.

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52 6. "Prior Authorization" means approval from a health plan that  
53 may be required before you get a service. This is not a promise  
54 that the health plan will cover the cost of the service.
- 55 7. "Triage/Emergency Medical Screening Services for Non-FES  
56 Members" means services provided by acute care hospitals, U.S.  
57 Indian Health Service/638 (IHS/638) facilities and urgent care  
58 centers to determine whether or not an emergency exists;  
59 assessment of the severity of the Member's medical condition  
60 and determination of what services are necessary to alleviate or  
61 stabilize the emergent condition.

62 **POLICY**

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64 **A. REQUIREMENTS**

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66 1. The Division shall require emergency medical services to be  
67 covered are covered for ALTCS Members when a physical or  
68 behavioral health emergency is identified by screening, triage,  
69 or other emergency medical assessments. re is A demonstrated  
70 need; and/or After Triage emergency medical assessment,  
71 services indicate an emergency condition.

- 72  
73 2. The Division shall require triage/screening services to be  
74 reasonable, cost effective and meet the criteria for severity of  
75 illness and intensity of service.
- 76 3. The Division shall not require an emergency  
77 medical service provider to obtain ~~is not required to~~  
78 ~~obtain~~ a Prior Authorization for emergency services.
- 79 4. The Division shall require emergency medical service  
80 providers to comply with the notification and  
81 post-stabilization requirements as outlined in A.A.C.  
82 R9-22-210.
- 83 5. The Division shall not deny payment for the treatment  
84 of emergency services when:
- 85 a. Division or Administrative Services  
86 Subcontractor (AdSS) staff instructs the  
87 Member to seek emergency services.
- 88 b. The Member's medical condition manifests itself  
89 by acute symptoms of sufficient severity,  
90 including severe pain, such that a prudent  
91 layperson, who possesses an average  
92 knowledge of health and medicine, could

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reasonably expect that the absence of

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immediate medical attention to result in placing

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the health of the individual or an unborn child in

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serious jeopardy; serious impairment to bodily

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functions; or serious dysfunction of any bodily

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organ or part.

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c. The emergency room provider, hospital, or fiscal

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agent notified the AdSS within 10 Calendar

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Days of presentation for emergency services.

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6. The Division shall not deny payment for emergency

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services or limit emergency services based on a list of

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diagnoses or symptoms.

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~~A provider shall not obtain a prior authorization for~~

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~~emergency services.~~

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7. The Division shall require the emergency room provider or

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hospital to must notify the AdSS health plan within 10 days

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from the day that the Division Member presented for provision

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of emergency services. Non-emergency services out of the

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member's service area may not be covered.

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~~Emergency services may be obtained when the member is out of the~~

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117 ~~service area.~~

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119 ~~Emergency Services will not be provided to a member outside the~~

120 ~~United States.~~

121 **Use of Emergency Services**

122 8. The Division shall provide education to their THP Members

123 regarding the appropriate use of emergency room services, -

124 ~~Members should be encouraging Members~~ to obtain services from

125 non-emergency facilities (e.g., urgent care centers) to address

126 Member's non-emergency care after regular office hours or on

127 weekends.

128 9. The Division shall require the AdSSs to develop and implement

129 policy and procedure focused on providing education to Members

130 about appropriate use of:

131 a. Emergency room services;

132 b. Obtaining non-emergency care services available after

134 regular office hours or on weekends;

135 c. Obtaining services from non-emergency care facilities;

136 or

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d. Nurse triage or crisis lines.

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10. The Division shall require AdSSs to develop and implement policy and procedure to analyze ED utilization and an ED diversion process.

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11. The Division shall cover emergency services when the Member is out of the Member's Provider Network area.

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12. The Division shall not cover Emergency Services provided to a Member outside the United States.

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**B. DIVISION OVERSIGHT AND MONITORING**

The Division shall oversee the AdSS utilizing the following methods to ensure compliance with policy:

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a. Annual Operational Review of each AdSS;

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b. Review and analyze deliverable reports submitted by the AdSS;

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and

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c. Conduct oversight meetings with the AdSS for the purpose of:

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i. Reviewing compliance;

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ii. Addressing concerns with access to care or other quality of care concerns;

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iii. Discussing systemic issues; and

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iv. Providing direction or support to the AdSS as necessary.

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**SUPPLEMENTAL INFORMATION**

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1. Refer to A.A.C. R9-22-210 that describes general provisions for

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responsible entities, payment and denial of payment, notification

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requirements and post-stabilization requirements.

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2. THP members receive education regarding emergency services via the

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AHCCCS Handbook for Members of the Tribal Health Plan and or the

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Tribal Regional Behavioral Health Authorities located on the AHCCCS

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website – American Indians – American Indian Health Program.

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3. Refer to AMPM Chapter Policy 530 regarding member transfers between

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facilities after an emergency hospitalization.

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4. Refer to AMPM Chapter Policy 820 for additional information regarding

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emergency medical services for FFS members who are not in FES

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Program.

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Signature of Chief Medical Officer: